



STATE OF LOUISIANA  
DEPARTMENT OF STATE CIVIL SERVICE  
**LOUISIANA BOARD OF ETHICS**  
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[www.ethics.la.gov](http://www.ethics.la.gov)

August 19, 2021

Mr. Marcus Bergeron  
2160 Navy Rd.  
Mamou, LA 70554

**RE: Ethics Board Docket No.: 2021-311**

Dear Mr. Bergeron:

You recently requested a waiver of the late fee assessed against you for filing your campaign finance disclosure report late in connection with the November 3, 2020 election. Your request stated that you were diagnosed with COVID-19 and bedridden for a month, then his wife was diagnosed with the same and was bedridden for over a month as well. If you would like the Board to consider your medical situation, you must provide documentation verifying your claim.

Should you have any questions, please contact me at the above number.

Please submit the documentation to the above address by **September 20, 2021**.

Sincerely,

**LOUISIANA BOARD OF ETHICS**

**Melissa Horn**

Docket ID: 2021- 311

Financial Statement for \_\_\_\_\_ (Filer Name)

Married: ☒ Yes ☐ No

Spouse's name (if applicable): \_\_\_\_\_

Name	Age	Relationship	Contributes to household income?
Dependents (include claimed dependents and other persons living in your household):			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

Employment of Filer and Spouse

Filer / Spouse	Name of Employer	Occupation	Frequency of Payment (weekly, monthly, etc.)	Ownership Interest in Employer? If "Yes", percentage of ownership, type of business (ie: sole proprietorship, C corporation, subchapter S, LLC, etc), and position with company (ie: officer, director, partner, etc.)
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____

Cash and Investments over \$1,000 (select all that apply): ☐ Cash ☐ Checking ☐ Savings ☐ MoneyMarket ☐ CD

Property in which own or are buying (if additional space is needed, include as an attachment)

Property description (residential, commercial, farmland, investment, etc.)	Location (parish/county and state)

Required Attachments:

- Monthly Household Income/Expense Form
- Copy of most recent tax return/schedules filed by filer, spouse and/or business
- Most recent bank statements for checking and savings disclosing balance of accounts

I hereby certify that the above-provided information and attachments are true and correct to the best of my knowledge, information and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**MONTHLY HOUSEHOLD INCOME/EXPENSE FORM for \_\_\_\_\_ (Filer Name)**

**Monthly Household Income**

Income Type		Monthly Amount
Filer	Gross Wages	
	Social Security	
	Pension	
	Other Income	
	Withholdings	
Spouse	Gross Wages	
	Social Security	
	Pension	
	Other Income	
	Withholdings	
Dependents	Contribution to Household Income	
Interest/Dividends/Distributions from Investments		
Rental Income		
Income from Business		
Child Support		
Alimony		
<b>Total Monthly Income</b>		

**Monthly Household Expenses**

Expense Type		Monthly Amount
Housing (mortgage or rent)		
Vehicle (loan or lease)		
Public Transportation Costs		
Health Insurance		
Court-ordered expenses		
Student loans		
Other Loans - provide description		
Utilities		
Food, personal products, etc.		
Childcare		
Other Expenses (Provide Description)		
<b>Total Monthly Expenses</b>		